

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/578371**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11		1				
12	1					
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36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46						
47	0					
48	0					
49	0					
50	0					
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		14		↓		↓
TOTAL DEP.		42	←		←	←
TOTAL CLAIMS		56				